

Case Studies in Environmental Medicine:

Environmental Triggers of Asthma

Evaluation Questionnaire and Posttest, Course Number SS3097

Course Goal: To increase the primary care provider's knowledge of hazardous substances in the environment and to aid in the evaluation of potentially exposed patients.

Objectives

- Identify various environmental factors that trigger asthma exacerbations.
- Describe interventions available to mitigate environmental factors in triggering asthma.
- Identify sources of information on the impact of environmental factors on patients with asthma.
- Identify sources of information on asthma management.

Tell Us About Yourself

Please carefully read the questions. Provide answers on the answer sheet (page 31). Your credit will be awarded based on the type of credit you select.

1. What type of continuing education credit do you wish to receive?

****Nurses should request CNE, not CEU. See note on page 30.**

- A. CME (for physicians)
- B. CME (for nonattending physicians)
- C. CNE (continuing nursing education)
- D. CEU (continuing education units)
- E. [Not used]
- F. [Not used]
- G. [Not used]
- H. CHES (certified health education specialist)
- I. None of the above

2. Are you a...

- A. Physician
- B. Pharmacist
- C. Nurse
- D. Health Educator
- E. None of the above

3. What is your highest level of education?

- A. High school or equivalent
- B. Associate (2-year degree)
- C. Bachelor's degree
- D. Master's degree
- E. Doctorate
- F. Other
- G. None of the above

- 4. Each year, approximately how many patients with asthma do you see?**
- A. None
 - B. 1–5
 - C. 6–10
 - D. 11–15
 - E. More than 15
- 5. Which of the following best describes your current occupation?**
- A. Environmental Health Professional
 - B. Epidemiologist
 - C. Health Educator
 - D. Laboratorian
 - E. Physician Assistant
 - F. Industrial Hygienist
 - G. Sanitarian
 - H. Toxicologist
 - I. Other office of clinic patient care provider
 - J. Student
 - K. None of the above
- 6. Which of the following best describes your current work setting?**
- A. Academic (public and private)
 - B. Private health care organization
 - C. Public health organization
 - D. Environmental health organization
 - E. Nonprofit organization
 - F. Other work setting
- 7. Which of the following best describes the organization in which you work?**
- A. Federal government
 - B. State government
 - C. County government
 - D. Local government
 - E. Nongovernmental agency
 - F. Other type of organization

Tell Us About the Course

- 8. How did you obtain this course?**
- A. Downloaded or printed from Web site
 - B. Shared materials with colleague(s)
 - C. By mail from ATSDR
 - D. Not applicable

- 9. How did you first learn about this course?**
- A. State publication (or other state-sponsored communication)
 - B. *MMWR*
 - C. ATSDR Internet site or homepage
 - D. Public Health Training Network source (PHTN Web site, e-mail announcement)
 - E. Colleague
 - F. Other
- 10. What was the most important factor in your decision to obtain this course?**
- A. Content
 - B. Continuing education credit
 - C. Supervisor recommended
 - D. Previous participation in ATSDR and/or CDC/PHTN training
 - F. Convenience of self-study format
 - G. Other
- 11. How much time did you spend completing the course, evaluation, and posttest?**
- A. 1 to 1.5 hours
 - B. More than 1.5 hours but less than 2 hours
 - C. 2 to 2.5 hours
 - D. More than 2.5 hours but less than 3 hours
 - E. 3 hours or more
- 12. Please rate your level of knowledge before completing this course.**
- A. Great deal of knowledge about the content
 - B. Fair amount of knowledge about the content
 - C. Limited knowledge about the content
 - D. No prior knowledge about the content
 - E. No opinion
- 13. Please estimate your knowledge gain after completing this course.**
- A. Gained a great deal of knowledge about the content
 - B. Gained a fair amount of knowledge about the content
 - C. Gained a limited amount of knowledge about the content
 - D. Did not gain any knowledge about the content
 - E. No opinion

Please use the scale below to rate your level of agreement with the following statements (questions 14–23) about this course.

- A. Agree
- B. No opinion
- C. Disagree
- D. Not applicable

- 14. The objectives are relevant to the goal.**
- 15. The tables and figures are an effective learning resource.**
- 16. The content in this course was appropriate for my training needs.**
- 17. Participation in this course enhanced my professional effectiveness.**
- 18. I will recommend this course to my colleagues.**
- 19. Overall, this course enhanced my ability to understand the content.**
- 20. I am confident I can identify various environmental factors that trigger asthma exacerbations.**
- 21. I am confident I can describe interventions available to mitigate environmental factors in triggering asthma.**
- 22. I am confident I can identify sources of information on the impact of environmental factors on patients with asthma.**
- 23. I am confident I can identify sources of information on asthma management.**